FIL

NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets If necessary.)

SECRETARY OF STATE

OSFDG	1100	21
NAME B. D. VIS LENGTH OF RESIDENCE IN NEVADA 22 MAILING ADDRESS BOX 3/2 LENGTH OF RESIDENCE IN DISTRICT WHERE REGI CITY, STATE, ZIP 2 Chy 2 CV2, NV89449 VOTE NRS 281.571(1)(1)(1)	STERE	D TO
TELEPHONE _ 775 388 6667		
List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]: ANNUAL all elected and appointed public officers (no later than Jan. 15 each year) NRS 201.501(jo) Annual Compensation Public Office S S S S S S S S S S S S S	to fill und of an appoin c (with	DINTMENT expired term elected or inted public officer in 30 days) hets
		_
List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Social Security Dividends	Subsection Self	tion 1(b)]: Household Member
List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secure or deed of trust on real property which is not required to be listed below, and (2) debt for which a security intervehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:	id by r erest ir	a motor
	Self	Household Member
Mone	\boxtimes	

Revised 8/28/2003

03/15/2005 09:10

7755885642